Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	St. Anne's Residential Services Group H
Name of provider:	Avista CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	22 February 2022
Centre ID:	OSV-0003951
Fieldwork ID:	MON-0036337

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Anne's Residential Services Group H is designated centre operated by Avista CLG. This centre provides a community residential service to up to six adults with a disability. The centre comprises of one two storey detached house located in a town in Co. Tipperary close to local amenities and facilities. The centre consisted of six individual resident bedrooms (two of which were en-suite), sitting room, dining room, kitchen, laundry room, shared bathroom and staff office. The designated centre is staffed by a clinical nurse manager 1 (CNM1) and care staff. The staff team are supported by the person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 22 February 2022	10:00hrs to 17:30hrs	Conan O'Hara	Lead
Friday 25 February 2022	09:15hrs to 17:40hrs	Conan O'Hara	Lead
Tuesday 22 February 2022	10:00hrs to 17:30hrs	Sinead Whitely	Support
Friday 25 February 2022	09:15hrs to 17:40hrs	Sinead Whitely	Support

What residents told us and what inspectors observed

This unannounced inspection took place during the COVID-19 pandemic. As such, the inspectors followed public health guidance and HIQA's enhanced COVID-19 inspection methodology at all times. The inspectors ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the residents, staff team and management over the course of this inspection.

Overall, this inspection found that the governance and management systems did not effectively ensure that care was provided in a clean, safe and suitable environment. Inspectors found the premises to be visibly very dirty and unclean. In addition, the premises was found to be in a state of disrepair and did not provide for a homely environment for the residents. The condition of the centre did not promote the dignity of the residents living in the designated centre nor did it demonstrate that effective oversight and governance arrangements were in place.

The original purpose of the inspection was to monitor compliance with Infection Prevention and Control (IPC) standards. Due to the concerning findings identified on the first day of inspection, an immediate action was issued to the provider in relation to IPC. The inspectors took the unusual but necessary step of returning for a second day of inspection to ensure that the immediate actions issued by HIQA had been acted upon by the provider, given the state of this centre was so poor.

The designated centre comprised of a large two story house located in a town in Co. Tipperary. On both days of the inspection, the inspectors completed a walk-through of the premises and some residents showed the inspectors their bedrooms. Every room in the designated centre presented as visibly unclean with high levels of dust, dirt, mould and cobwebs observed throughout the centre.

On review of the residents' bedrooms, the inspectors observed a build up of dirt and dust, a stained mattress protector with fecal matter and a heavily stained bed sheet. One resident's en-suite bathroom presented with a strong malodour of urine, fecal matter on tissues, rusting pipes, stained flooring on the resident's bath and a thick layer of dust/dirt on the windows. In another resident's en-suite, which was vacant at the time of the inspection, the inspectors noted a heavily stained floor around the toilet and shower area. In addition, the inspectors found the shared bathrooms to be very unclean. For example, fecal matter was observed on the toilet seat and toilet bowel in the downstairs bathroom. In the upstairs bathroom, which was shared between three residents, the inspectors observed that there was a broken pedal bin and identified that hand soap, paper towels nor toilet paper were not readily available to residents. The floor was heavily stained around the bath from water coming from the bath and pooling on the floor.

The premises was also in a state of disrepair and required substantive maintenance. For example, the flooring in the sitting room, dining room and kitchen were all badly

worn and lifting in places. There were large areas of the centre where the paintwork was observed as heavily damaged and was peeling from the wall. The ceilings in the laundry room and a side entrance presented with large areas of dampness and black mould. A large garden was located to the rear the designated centre and inspectors observed rubbish collecting in a corner of the garden and large items including a washing machine and old mattress on the garden lawn. In addition, the inspectors identified that substantive improvements were required in fire containment and IPC practices including COVID-19 procedures, cleaning schedules, laundry facilities and procedures and hand washing facilities.

On the second day of this unannounced inspection, the inspectors observed that an external cleaning company had come to the service and had commenced an initial deep clean of parts of the premises. There were plans for the external cleaning company to return to the service the following week to complete the deep clean and on a six weekly basis thereafter. In addition, the inspectors observed maintenance workers on-site measuring flooring and repairing some fire doors. A skip had also arrived to remove the waste and rubbish build up in the garden.

The inspectors had the opportunity to meet with all four residents who were living in the centre over the course of this inspection. The inspectors asked one resident do they like living in their home and they responded no and said that their peer shouts a lot. Another resident was asked if they liked their room and they responded no also but did not elaborate further. Some residents spoke with the inspectors of their interest in music, local GAA and where they were from.

Other residents had limited verbal communication abilities. As such it was not possible for the inspectors to directly obtain these residents' views of the service that they received while living in the centre. On the first day of inspection, the centre was experiencing a staff shortage. Inspectors observed residents spending prolonged periods of time waiting to be supported to access the community and periods of inactivity. One resident was heard asking 'what about me?' when staff were discussing plans for activities for the day. Another resident was observed putting on their coat to leave the centre, the resident was then told by staff that it wasn't their turn to head out. The same resident was observed standing in the centres porch and looking out the window for long periods during the remainder of the inspection day. Staffing levels had improved on the second day of inspection as one resident was attending a hospital appointment and others were attending day services.

In summary, based on what the residents communicated with the inspectors and what was observed, it was evident that the residents' did not receive a safe or high quality service in the centre. Particularly poor findings were noted in relation to governance and management, infection prevention and control and the premises. The next two sections of the report present the findings of this inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found that the registered provider had failed to demonstrate the capacity and capability to provide safe and quality care for the residents. The management systems in place were not effective in identifying areas for improvement in the quality and safety of care and support being delivered to the residents.

This centre was found to be in a very poor state and standard which is of significant concern in itself, but furthermore the provider had not identified this themselves. The systems in place to ensure appropriate managerial oversight and sufficient numbers of staff were found to be ineffective.

There were reportedly quality assurance systems in place which were regularly audited and reviewed. However, the recent quality assurance audits did not appropriately self-identify the significant infection prevention control issues found on this inspection and did not ensure effective practices were implemented in the centre.

Staffing levels were not found to be maintained at levels that can safely meet the needs of the residents and safely deliver appropriate infection prevention control practices. For example, on the first day of the inspection, the inspectors were informed that only one staff member was present in the centre as a staff member was on sick leave. Contingency systems in place were not effective in maintaining staffing levels.

The inspectors were informed a number of areas of concern identified regarding infection control had yet to be addressed due to the low staffing levels on the day of inspection. Staff members spoken with communicated that they felt well supported working in the service. However, when asked, staff did communicate that cleaning schedules were regularly difficult to implement due to staffing levels and the needs of the residents.

Regulation 15: Staffing

The inspectors found that the contingency systems in place were not effective in ensuring that staffing levels were adequately maintained at all times. For example, from a review of the rota, it was evident that a consistent staff team was in place. However, on the first day of inspection it was observed, that one staff member was on leave. While one day service staff had commenced work earlier in the day, the shift had not been replaced in a timely manner. This negatively impacted on the staff teams ability to complete infection control practices and ensure a consistent level of care and support was provided to residents. On the second day of inspection, the inspectors noted that the change in staffing arrangements made on

the first day of the inspection were not accurately reflected on the staff rota. At the time of the inspection, the centre was operating with one staff on extended leave and shifts being covered by the existing staff team.

Judgment: Not compliant

Regulation 23: Governance and management

The governance and management systems in place were not effective in ensuring a quality and safe service was being delivered to the residents. The quality assurance audits were not effective in identifying and responding to areas for improvement. For example, the annual review completed in September 2021, six monthly audit completed in January 2022 and a self-assessment of compliance with the National Standards for IPC in community services completed in February 2022 did not identify the substantive infection prevention and control concerns. While some premises issues were identified, they were not being addressed.

The overall poor standards found on this inspection demonstrated very poor governance and oversight at both provider and local managerial level.

Judgment: Not compliant

Quality and safety

Overall the absence of effective governance and management systems had a negative impact on the safety and quality of the service experienced by residents. This inspection found that significant managerial review and improvements were required to ensure that care was provided to residents in a clean and safe environment. In addition, inspectors found improvements were also required in residents' safeguarding, rights, fire containment, oversight of restrictive practices and provision of health care.

The inspectors found that the service's policies and procedures in place to guide and instruct staff on IPC measures did not inform practice in the centre. For example, as outlined earlier in the report, the inspectors found that the centre was very dirty and in a very poor state of repair. The inspectors reviewed a sample of cleaning schedules and found that they were not comprehensive in nature and did not include nor ensure that the centre was clean. This is a most basic requirement in terms of hygiene and cleanliness and in the midst of a pandemic, the poor standards observed in this centre were alarming.

The inspectors identified several gaps in the cleaning schedule where staff had not recorded that they had cleaned the centre. Also, cleaning records reviewed did not

demonstrate how often deep cleans were completed or how often residents' mattress covers were cleaned. This posed a risk at times as residents presented with incontinence. Safe systems were also not in place to prevent the risk of water-borne infections in the centre as it was not adequately recorded that water flushing was appropriately completed in all unused bathroom facilities.

Overall the physical state of the premises showed inspectors that there was a clear disconnect between practice and paperwork in this centre.

The inspectors observed a number of poor IPC practices on the days of inspection including:

- an overall dirty centre that was visibly unkempt throughout,
- fecal matter in bathrooms, toilet seats and toilet rolls and bed-sheets,
- lack of provision and appropriate access to alcohol gels, soap and hand towels
- inappropriate storage of cleaning equipment in the laundry room which posed a high risk of cross contamination,
- mop buckets being stored outside the house with leaves and water pooling at the bottom,
- the hand washing sink in the staff office was visibly very dirty.

In addition, the centre's contingency plan in the event of an outbreak of COVID-19 required improvement to suitably guide staff. The contingency plan outlined that if a resident tested positive for COVID-19 to self-isolate them in a self-isolation centre. At the time of the inspection, no self-isolation unit was available. Staff temperatures were not consistently checked and recorded in line with the provider's own policy.

Overall, the state of disrepair of the premises and poor infection control practices in place did not protect residents and ensure safety and dignity in their own home.

When these findings were highlighted at preliminary feedback, the service manager communicated plans to transition the residents to an identified alternative premises. On the second day of inspection, the provider noted that the transitions out of this centre were now planned to take place in September 2022. At the time of the inspection, no application had been submitted to the Chief Inspector of Social Services for the registration of this new designated centre nor had this plan been identified to the inspectors previously.

Regulation 17: Premises

Overall, the premises was not designed, laid out or maintained to meet the assessed needs of residents.

The designated centre was visibly dirty and did not provide a homely environment.

The inspectors observed that the centre was sparsely decorated with very few of the

residents personal belongings around the centre. The environment was found to be dirty, poorly maintained and very bare.

The inspectors found that substantive improvements were required in the maintenance and upkeep of the designated centre. For example, inspectors observed:

- the centre was dirty and unclean throughout
- very unhygienic bathrooms, toilets and laundry facilities
- floors in significant disrepair - heavily damaged and lifting in areas.
- large areas of damaged paint and areas of paint peeling from the walls.
- an area of broken plaster on the ceiling of the upstairs landing.
- rubbish stored on the back lawn including a mattress, and washing machine.

Judgment: Not compliant

Regulation 27: Protection against infection

Overall, the inspectors found that substantive improvements were required in the centre to promote infection prevention and control practices. For example:

- Inspection findings demonstrated that the services auditing systems were not appropriately self-identifying the issues found on the inspection day and were not ensuring that the service was in compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).
- The provider's policy on infection prevention and control was not implemented. This was seen in areas including cleaning procedures and temperature checks.
- The service contingency plan for in the event of an outbreak of COVID-19 did not identify a safe protocol for residents to safely self-isolate from their peers should they present as symptomatic or positive for COVID-19.
- Cleaning schedules were not ensuring that cleaning and deep cleaning of all aspects of the designated centre were regularly taking place to include the full environment and residents equipment. Schedules were not effective in ensuring that the designated centre was clean.
- Suitable systems were not in place to prevent the risk of water-borne infections in the centre.
- Storage areas for cleaning products and equipment were visibly dirty on the day of inspection.
- Areas of the premises were in disrepair and required maintenance to promote full deep cleaning of these areas.
- Arrangements in place for waste disposal were inadequate - rubbish and large items such as a mattress and washing machine stored in the garden.
- Laundry facilities and laundry procedures in the centre were not adequate.
- Suitable hand washing facilities were not in place in the centre.

An immediate action was issued on the day of the inspection in relation to the poor findings and ineffective infection prevention and control arrangements.

Judgment: Not compliant

Regulation 28: Fire precautions

There was fire equipment in place in the centre including fire extinguishers and emergency lighting. However, inspectors found that substantive improvements were required in the fire safety arrangements. This included:

- A number of fire doors were observed to be altered in a way which effected the integrity and function of the fire door.
- A number of fire doors did not close appropriately.
- One fire door, on the laundry room, was observed to be substantially compromised.

This was identified to the CMN1 on the first day of the inspection and fire safety assurances were sought based on the poor findings listed above.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The designed centre was not suitable for the purpose of meeting the needs of each resident in line with their assessed needs. This had been self-identified by the provider in their annual report 2021 and six monthly unannounced audits. An alternative designated centre had been identified. On the second day of inspection, the inspectors were informed that the timeline for the transition of the residents was September 2022. This meant that residents would continue to live in this environment, which was not suitable to meet their needs and found to be unclean and in a poor state of repair, for another six months.

The inspectors reviewed a sample of resident's personal plans. Each resident had a comprehensive assessment of the residents' health, personal and social needs. These assessments informed the residents personal plans which were up to date and guided the staff team in supporting the residents.

Judgment: Not compliant

Regulation 6: Health care

Inspectors found that some healthcare needs in this centre were not being managed appropriately. For example, the residents were not being adequately facilitated access to psychiatric medical treatment and support. Residents were assessed as requiring these psychiatric supports and were prescribed specific medications. However regular clinical reviews were not taking place and this negatively impacted on the residents' right to access appropriate services and clinical supports. Furthermore, residents were not being protected from with specific bacterial infections by the very poor hygiene standards maintained in this centre.

Judgment: Not compliant

Regulation 7: Positive behavioural support

High levels of restrictive practices were noted around the centre secondary to identified risks posed to two residents. This meant that two other residents lived in a restrictive environment secondary to the risks posed to their peers. The inspectors reviewed a sample of restrictive practices and found that not all restrictive practices in use in the centre were appropriately identified and reviewed by the provider. Recording systems in place for use of restrictive practices in the centre were not in line with best practice or in line with the services own policy on restrictive practices.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to safeguard residents and peer to peer incidents were minimal in the centre. However, the findings in relation to infection prevention and control and premises found that residents were living in an environment with the premises in a very poor state of repair and the physical environment very unclean. This indicated that the registered provider, management team and staff had not ensured that residents were living in a safe environment.

Inspectors requested an up to date staff training matrix on both days of the inspection and found on both days, this was not an accurate record of completed training. The inspectors and the person in charge reviewed individual training records and found that two staff members had no evidence of up to date safeguarding training.

Judgment: Not compliant

Regulation 9: Residents' rights

Overall, the inspectors found that the provider had not ensured that each residents' dignity was respected in relation to their personal and living space due to the very poor findings regarding the premises and infection control standards.

Residents did not have the freedom to exercise choice and control in their daily lives in the centre. Care records showed that one residents experienced regular sleep disturbances secondary to a peer waking during the night and vocalising loudly. Some residents presented with complex behaviours, and for this reason many items needed to be locked away due to identified risks. This meant that all presses in the kitchen, including the fridge, were locked and many doors throughout the centre were also locked.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. Anne's Residential Services Group H OSV-0003951

Inspection ID: MON-0036337

Date of inspection: 25/02/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider will ensure a robust system is in place to ensure the staffing is in line with the statement of purpose. Since the inspection the Person in charge and the PPIM review the planned and actual roster on a weekly basis to ensure that effective staffing levels are maintained. This review will take place weekly for a period of three months and the center governance committee consisting of the PPIM and Service Manager will monitor same monthly. The need for accurate roster management and documentation determining staff on duty or transferred from another setting by way of contingency planning has been highlighted to all Managers and same will be reviewed on an ongoing basis. A memo was circulated by the Person in charge to all staff in the designated center 28th March 2022 to ensure that any changes to weekly planned or actual staff rosters are updated immediately by staff in absence of person in charge or CNM1. One staff on long term sick leave in the designated center will be replaced on the roster by the 20th April 2022. Additional day service provision for one resident in the designated center is being sought from the HSE to enhance staffing levels and service provision for this resident.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The registered provider in order to ensure an effective governance and management structure is in place has established a Governance and Oversight Team to provide oversight and management of this center. This will ensure that the residents experience a good quality of life, staff are supported to provide a safe service to residents and will specifically address non compliances within the inspection reports. This team includes members of the Service Executive, MDT and Centre governance and is chaired by the ACEO. Terms of reference have been agreed. This team will meet weekly initially and then monthly, to review progress on its action plan and will remain active until such a time as the center has completed all action plans and achieved regulatory compliance in consultation with the CEO. The CEO of the organization will be briefed on a regular basis on the workings of the team. The CEO has informed the Board and they will receive updates on progress with action plans.

The registered provider will ensure the PIC and PPIM meet weekly and the centre governance committee consisting of the PPIM and Service Manager will meet monthly to be reviewed after a period of three months.

The registered provider will complete a provider audit of the center to review all previous audits and develop an action plan in consultation with the governance and oversight team. This will review scheduled and completed audits across the center and a system to review progress.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider has been working to address deficits noted at inspection and on a number of self-identified areas noted at visits to the center.

The registered provider has an agreed plan to link the maintenance team with the PIC of the designate center for weekly consultation and a schedule of works has been put in place. To date
• A deep clean of the designated centre took place on the 23rd February and 1st March 2022. The registered provider will review this need on an ongoing basis until such as time as the centre is closed.
• Daily and weekly cleaning rosters are in place and reviewed by PIC and CNM1 on a daily and weekly basis to ensure compliance. The registered provider will ensure compliance of same with PPIM at weekly meetings and monthly overview at center meeting with service manager.
• New furniture has been purchased and is in designated center in communal spaces and individual bedrooms.
• The designated center has been re-decorated with new pictures, lighting fixtures and

curtains to enhance a homely atmosphere.
• New blinds have been measured and ordered for the designated center.
• New flooring has been fitted in the living room, dining room, kitchen and upstairs bathroom to replace flooring in disrepair.
• Refurbishment works have been scheduled to paint downstairs in designated center. This will commence early April 2022.
• Remedial works as noted re ceilings, doors, laundry have taken place.
• The PIC has put in place systems for maintaining upkeep in bathrooms to ensure resident's needs are met.
• Rubbish has been removed as identified.
• A review of water systems has taken place and recommendations followed up upon.

The registered provider will ensure these are reviewed the PIC and PPIM at weekly meetings and the center governance committee consisting of the PPIM and Service Manager will meet monthly, to be reviewed after a period of three months. The governance and oversight team will monitor progress on schedule of works agreed.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The registered provider since the inspection has ensured a number of improved systems and process are place in the designated centre to promote infection prevention and control practices. These include;
• A deep clean of the designated centre took place on the 23rd February and 1st March 2022. The registered provider will review this need on an ongoing basis until such as time as the centre is closed.
• The CNS in health promotion has met with the PIC the PPIM and the staff team on 3rd March and reviewed all checklists and cleaning procedures with the staff team within the designate centre to ensure compliance with national standards and with the provider's policy on infection prevention and control.
• The Person in Charge has further reviewed cleaning procedures and staff/visitor temperature checks in the designated centre to ensure they are completed in line with government guidelines.
• The service contingency plan to be following in the event of an outbreak of COVID-19 for the designated centre has been reviewed by the person in charge to reflect current safe protocol for residents to safely self-isolate from their peers should they present as symptomatic or positive for COVID-19.
• All covid guidelines discussed with staff teams with emphasis to adhering to same.
• The Person in Charge and CNM1 review weekly and daily cleaning schedules are completed in the designated centre to ensure that cleaning and deep cleaning of all aspects of the designated centre are taking place regularly as documented and include the full environment and resident's equipment. This is reviewed weekly with the PPIM

and monthly with the PPIM and Service manager.
• Since the inspection the water systems in the designate centre have been inspected by a competent person. Recommendations made and followed and we await outcome of testing samples in the area.
• Storage areas for cleaning products and equipment in the designated centre have been thoroughly cleaned.
• Maintenance team onsite in designated centre weekly to progress identified maintenance works.
• All surplus and non functioning items have been removed from the designate centre and its environs.
• Laundry facilities and laundry procedures have been reconfigured in the centre to meet the needs of residents.
• Suitable hand washing facilities have now been put in place in the centre and new hand wash and alcohol gel dispensers installed in designated centre.
• Where required new cleaning equipment has been put in place to improve facilities for effective cleaning.
The PIC and PPIM have oversight of training records and all staff scheduled in for training specific to IPC. The registered provider will ensure training requirements are reviewed the PIC and PPIM at weekly meetings.
The registered provider will ensure a Hygiene audit and regulation 27 checklist is completed on 6th April 2022 by the CNS in health promotion and a health and safety audit by 15th April and develop an action plan in consultation with the governance and oversight team.
The registered provider will complete a provider audit of the center to review all previous audits and develop an action plan in consultation with the governance and oversight team. These will be reviewed monthly by the Governance & Oversight team for the centre.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider has ensured a review of fire safety and required works in the centre with a number of improvements works completed in the designated centre.
This included:
• All fire doors in the designated centre have been assessed to ensure they all now closing appropriately and works have been identified in relation to the fire doors in the designated centre to meet regulations.
• The damaged door was removed and disposed of safely from site. A replacement fire door blank has been installed in original frame to the laundry room on a temporary basis and a fully certified fire door assembly (including new Frame) is on order from specialist joinery shop and is projected to be installed by 30/04/2022.
• The fire risk assessment has been reviewed in the centre.
• The registered provider ensured an early morning fire evacuation was completed from the designate centre with satisfactory and compliant outcome on 28/03/2022.

• Weekly fire door checks are completed within the designated centre to ensure doors are closing correctly and identify and escalate any deficits to be corrected.
• An audit has been completed of the fire safety register on 31st March 2022 and an action plan will be developed.
• The registered provider has an agreed plan to link the maintenance team to the PIC of the designate center for weekly consultation to include ongoing monitoring of efficacy of fire containment measures in the designate centre.
The registered provider will ensure a fire safety audit is completed in the designate centre by 15th April and develop an action plan in consultation with the governance and oversight team. These will be reviewed monthly by the Governance & Oversight team for the centre.

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The registered provider having identified the centre does not meet the assessed needs of the residents had purchased an alternative property which requires refurbishment and registration. The registered priovider will submit a notice of intention to close the centre to the regulatory authority within the required timeframes of the regulations.
The registered provider in the intervening period will ensure that all identified works agreed and scheduled will be completed in the existing designated centre to ensure compliance with the regulations and provide the residents with a suitable environment to live in.
The registered provider since the inspection has ensured a number of improved systems and process are place in the designated centre to promote infection prevention and control practices.
• The Person in Charge and CNM1 review weekly and daily cleaning schedules are completed in the designated centre to ensure that cleaning and deep cleaning of all aspects of the designated centre are taking place regularly as documented and include the full environment and resident's equipment. This is reviewed weekly with the PPIM and monthly with the PPIM and Service manager.
• A deep clean of the designated centre took place on the 23rd February and 1st March 2022. The registered provider will review this need on an ongoing basis until such as time as the centre is closed.
• The CNS in health promotion has met with the PIC the PPIM and the staff team on 3rd March and reviewed all checklists and cleaning procedures with the staff team within the designate centre to ensure compliance with national standards and with the provider's policy on infection prevention and control.
• The service contingency plan for in the event of an outbreak of COVID-19 within the designated center has been reviewed by the person in charge to reflect current safe protocol for residents to safely self-isolate from their peers should they present as symptomatic or positive for COVID-19.

The registered provider will ensure a Hygiene audit and regulation 27 checklist is completed on 6th April 2022 by the CNS in health promotion and a health and safety audit by 15th April and develop an action plan in consultation with the governance and oversight team.
The registered provider has ensured the needs of the individual residents are further supported by the input of the Service Human Rights officer who visited the center and completed a review of the residents from a rights based approach on 29/03/2022 and is returning to meet with the residents and support residents with their understanding of their rights. In service training will be completed for the team in the designate center.

The registered will ensure a review of the day services programs in the center to ensure that individual needs are met. Additional day service provision for one resident in the designated center is being sought from the HSE to enhance staffing levels and service provision for this resident.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The registered provider will continue to engage with the funding authority in advocating for access to mental health intellectual disability and psychiatric services for the residents in this service. This will continue to be identified by the registered provider on the corporate risk register and addressed with the funding authority until a successful outcome for residents is achieved.

The Person in Charge and CNM1 review weekly and daily cleaning schedules are completed in the designated centre to ensure that cleaning and deep cleaning of all aspects of the designated centre are taking place regularly as documented and include the full environment and resident's equipment. This is reviewed weekly with the PPIM and monthly with the PPIM and Service manager.

A deep clean of the designated centre took place on the 23rd February and 1st March 2022. The registered provider will review this need on an ongoing basis until such as time as the centre is closed.

The CNS in health promotion has met with the PIC the PPIM and the staff team on 3rd March and reviewed all checklists and cleaning procedures with the staff team within the designate centre to ensure compliance with national standards and with the provider's policy on infection prevention and control.

The service contingency plan for in the event of an outbreak of COVID-19 within the designated center has been reviewed by the person in charge to reflect current safe protocol for residents to safely self-isolate from their peers should they present as symptomatic or positive for COVID-19.

The registered provider will ensure a Hygiene audit and regulation 27 checklist is completed on 6th April 2022 by the CNS in health promotion and a health and safety audit by 15th April and develop an action plan in consultation with the governance and oversight team.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The registered provider has initiated a review of restrictive practices within the designated centre. The registered provider will ensure the MDT, PIC , PPIM and CNS in Positive Behaviour Support will meet to ensure all restrictive practices in use in the centre are appropriately identified and reviewed. These meetings will commence on the 7th April and reviewed on an ongoing basis. A restrictive practice reduction plan will be developed with a view to reducing or eliminating restrictive practices. Recording systems in place for use of restrictive practices are being reviewed by the PIC the PPIM and CNS in behaviours that challenge to ensure they are in line with best practice and with the services own policy on restrictive practices. All progress in relation to review of restrictive practices within the designated centre will be brought to the Goverance and Oversight team.

The registered provider has ensured the needs of the individual residents are further supported by the input of the Service Human Rights officer who visited the center and completed a review of the residents from a rights based approach on 29/03/2022 and is returning to meet with the residents and support residents with their understanding of their rights. In service training will be completed for the team in the designate center.

The registered provider will ensure all staff in the centre are aware of and have completed the HSE land training entitled " Applying a human rights based approach to health and social care"

The registered provider will ensure these are reviewed the PIC and PPIM at weekly meetings and the center governance committee consisting of the PPIM and Service Manager monthly, to be reviewed after a period of three months.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The registered provider will ensure the staff training matrix has been reviewed and updated by the Person in Charge to ensure it accurately reflects training completed and scheduled by all staff working in the designated center.

The registered provider will ensure all staff in the centre are aware of and have completed the HSE land training entitled " Applying a human rights based approach to health and social care".

Workshop training for all staff will be scheduled and will include definitions of abuse, and managing allegations of abuse and will be facilitated by Social Worker/Designated Officer.

The registered provider has ensured the needs of the individual residents are further supported by the input of the Service Human Rights officer who visited the center and completed a review of the residents from a rights based approach on 29/03/2022 and is returning to meet with the residents and support residents with their understanding of their rights. In service training will be completed for the team in the designate center relating to rights of all individuals. Date of same to be agreed.

The registered provider has initiated a review of restrictive practices within the designated centre. The registered provider will ensure the MDT, PIC , PPIM and CNS in Positive Behaviour Support will meet to ensure all restrictive practices in use in the centre are appropriately identified and reviewed. These meetings will commence on the 7th April and reviewed on an ongoing basis. A restrictive practice reduction plan will be developed with a view to reducing or eliminating restrictive practices. Recording systems in place for use of restrictive practices are being reviewed by the PIC the PPIM and CNS in behaviours that challenge to ensure they are in line with best practice and with the services own policy on restrictive practices. All progress in relation to review of restrictive practices within the designated centre will be brought to the Goverance and Oversight team.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The registered provider has ensured the needs of the individual residents are further supported by the input of the Service Human Rights officer who visited the center and completed a review of the residents from a rights based approach on 29/03/2022 and is returning to meet with the residents and support residents with their understanding of their rights. In service training will be completed for the team in the designate center.

The registered provider reviewed an individual's complaints and outcome of same is being actioned by PIC.

A deep clean of the designated centre took place on the 23rd February and 1st March

2022. The registered provider will review this need on an ongoing basis until such as time as the centre is closed.

The CNS in health promotion has met with the PIC the PPIM and the staff team on 3rd March and reviewed all checklists and cleaning procedures with the staff team within the designate centre to ensure compliance with national standards and with the provider's policy on infection prevention and control.

The registered provider will ensure a Hygiene audit and regulation 27 checklist is completed on 6th April 2022 by the CNS in health promotion and develop an action plan in consultation with the governance and oversight team.
The service contingency plan for in the event of an outbreak of COVID-19 within the designated center has been reviewed by the person in charge to reflect current safe protocol for residents to safely self-isolate from their peers should they present as symptomatic or positive for COVID-19.

The registered provider having identified the centre does not meet the assessed needs of the residents had purchased an alternative property which requires refurbishment and registration. The registered priovider will submit a notice of intention to close the centre to the regulatory authority within the required timeframes of the regulations.
The registered provider in the intervening period will ensure that all identified works agreed and scheduled will be completed in the existing designated centre to ensure compliance with the regulations and provide the residents with a suitable environment to live in.
The registered provider has initiated a review of restrictive practices within the designated centre. The registered provider will ensure the MDT, PIC , PPIM and CNS in Positive Behaviour Support will meet to ensure all restrictive practices in use in the centre are appropriately identified and reviewed. These meetings will commence on the 7th April and reviewed on an ongoing basis. A restrictive practice reduction plan will be developed with a view to reducing or eliminating restrictive practices. Recording systems in place for use of restrictive practices are being reviewed by the PIC the PPIM and CNS in behaviours that challenge to ensure they are in line with best practice and with the services own policy on restrictive practices. All progress in relation to review of restrictive practices within the designated centre will be brought to the Goverance and Oversight team.

The registered will ensure a review of the day services programs in the centre to ensure that individual needs are met. Additional day service provision for one resident in the designated center is being sought from the HSE to enhance staffing levels and service provision for this resident.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/06/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/06/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet	Not Compliant	Orange	30/06/2022

	the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/06/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/06/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/06/2022

Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Red	30/05/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	30/06/2022
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider	Not Compliant	Orange	30/06/2022

	or by arrangement with the Executive.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	30/06/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2022
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	30/06/2022
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/06/2022
Regulation 09(3)	The registered provider shall ensure that each	Not Compliant	Orange	30/06/2022

	resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			